

The Senate

Legal and Constitutional Affairs
References Committee

Establishment of a national registration
system for Australian paramedics to improve
and ensure patient and community safety

May 2016

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Recommendations

Recommendation 1

4.9 The committee recommends that the paramedic profession be nationally registered and accredited throughout Australia, and that such a scheme give consideration to 'grandparenting' arrangements for current paramedics, while ensuring that they meet the agreed professional standards.

Recommendation 2

4.13 The committee recommends the establishment of a paramedic board, operating in conjunction with the National Registration and Accreditation Scheme (NRAS) and administered by the Australian Health Practitioner Regulation Agency (AHPRA).

Recommendation 3

4.17 The committee recommends that all Australian states and territories participate in a national registration and accreditation system for paramedics.

Chapter 1

Introduction and background

Referral

1.1 On 20 August 2015, the Senate referred the following matter to the Legal and Constitutional Affairs References Committee (the committee) for inquiry and report by 30 June 2016:

The establishment of a national registration system for Australian paramedics to improve and ensure patient and community safety, with particular reference to:

- (a) the role and contribution made by those in the paramedic profession, including the circumstances in which they are required to operate;
- (b) the comparative frameworks that exist to regulate the following professions, including training and qualification requirements and continuing professional development:
 - (i) paramedics,
 - (ii) doctors, and
 - (iii) registered nurses;
- (c) the comparative duties of paramedics, doctors and registered nurses;
- (d) whether a system of accreditation should exist nationally and, if so, whether the Australian Health Practitioner Regulation Agency is an appropriate body to do so;
- (e) the viability and appropriateness of a national register to enable national registration for the paramedic profession to support and enable the seamless and unrestricted movement of paramedic officers across the country for employment purposes; and
- (f) any other related matters.¹

Conduct of inquiry

1.2 In accordance with usual practice, the committee advertised the inquiry on its website and wrote to a number of organisations and individual stakeholders inviting submissions by 29 January 2016. Details of the inquiry were made available on the committee's website at www.aph.gov.au/senate_legalcon.

1.3 The committee received 15 submissions, which are listed at Appendix 1. A public hearing was held in Canberra on 20 April 2016. A list of witnesses who appeared before the committee at the hearing is included at Appendix 2.

1.4 The committee thanks all those who made submissions and gave evidence at its public hearing.

1 *Journals of the Senate*, No. 110–20 August 2015, p. 3012.

Structure of this report

1.5 There are four chapters in this report.

1.6 Chapter 1 outlines the context and background to the inquiry, including progress that has been made towards national registration for paramedics through the Council of Australian Governments (COAG).

1.7 Chapter 2 describes paramedics in the context of related professions and compares regulatory frameworks and duties.

1.8 Chapter 3 considers national accreditation and registration of paramedics.

1.9 Chapter 4 provides the committee's views and recommendations.

Background

Current approaches

1.10 Currently, there is no national registration or accreditation for the paramedic profession in Australia. It was explained that there is a:

distinction between the process of registration of a health practitioner and the accreditation function that is normally associated with regulation and is (typically) an assessment of the capacity of an educational institution and course program to prepare graduates for practice. Successful completion of 'accredited' courses normally forms one element in the suite of standards or requirements adopted by a regulatory authority for practitioner 'registration'.²

1.11 Regulation varies between jurisdictions, practice settings and employers.³ At the hearing, the committee heard that:

With regard to paramedicine, it varies from jurisdiction to jurisdiction. As a number of people have highlighted...we currently lack a standard national definition of what a paramedic is and what qualifications and experiences are required.⁴

1.12 In Western Australia and the Northern Territory 'there is no legislation at all about ambulance services or paramedics'.⁵ In Victoria, there is some regulation of paramedics:

Victoria's paramedics are subject to the same regulatory framework as other unregistered healthcare workers in this state, including in relation to health

2 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 28.

3 PA, *Submission 9*, p. 2.

4 Mr Martin Nichols, Chair, Board of Directors, Australian and New Zealand College of Paramedicine (ANZCP), *Committee Hansard*, 20 April 2016, p. 39.

5 Associate Professor Michael Eburn, Australian National University (ANU), *Committee Hansard*, 20 April 2016, p. 2.

complaints, public health, consumer protection, employment, drugs and poisons and criminal law.⁶

1.13 In other states, such as Tasmania, South Australia and NSW there are 'varying measures to protect the title of "paramedic"'.⁷

COAG agreement

1.14 The case for national registration for paramedics has been argued for several years and is based on a number of reasons, including improved workforce mobility, protection of the public, and support throughout the paramedic profession.⁸ In November 2015, the COAG Health Council of federal, state and territory health ministers met and discussed options for the registration of paramedics. They agreed to:

...move towards a national registration of paramedics to be included in the National Registration Accreditation Scheme with only those jurisdictions that wish to register paramedics adopting the necessary amendments.⁹

1.15 Also on 6 November 2015, Paramedics Australasia (PA) published a statement on its website describing the COAG agreement. It indicated that the case for national registration was put forward by the Victorian health minister, with support from the ministers from South Australia and Western Australia, and that there was 'some opposition from the Federal Health Minister'.¹⁰

1.16 It is currently unclear whether New South Wales (NSW) will participate in national registration. The PA statement included: 'Whereas all other state and territory governments have strongly supported National Registration, NSW has reserved its right to participate in National Registration'.¹¹

1.17 PA views the move towards national registration as 'a defining development for our profession' and the result of a ten year advocacy campaign.¹² PA anticipates that national registration will begin in 2017 and notes that it is currently in discussions

6 Victorian Department of Health and Human Services, *Submission 15*, pp 2–3.

7 Adjunct Associate Professor Raymond Bange, Central Queensland University (CQU), *Committee Hansard*, 20 April 2016, p. 2.

8 Paramedics Australasia (PA) <https://www.paramedics.org/advocacy/registration/the-case-for-national-registration-for-paramedics/> (accessed 25 April 2016)

9 Council of Australian Governments (COAG) Health Council, *Communique*, 6 November 2016, p. 2, <http://www.coaghealthcouncil.gov.au/Publications/Communiques> (accessed 25 April 2016)

10 PA, *Australian Paramedics to be Nationally Recognised*, 6 November 2015, <https://www.paramedics.org/news-corporate/australian-paramedics-to-be-nationally-registered/> (accessed 25 April 2016)

11 PA, *Paramedic Registration: Frequently Asked Questions*, 4 December 2016, <https://www.paramedics.org/news-corporate/paramedic-registration-frequently-asked-questions-issue-1/> (accessed 25 April 2016)

12 PA, *Paramedic Registration: Frequently Asked Questions*, 4 December 2016.

'with the lead government department tasked with developing the policy around Paramedic National Registration by March 2016'.¹³

1.18 Victoria has taken the lead role in implementing national regulation of paramedics, stating that it has 'led the push for the national registration of paramedics', and further, that 'the Australian Health Ministers' Advisory Council agreed that Victoria would be responsible for managing the project scoping and policy development processes required to give effect to this decision'.¹⁴ The Victorian submission advises that a timetable for implementing national registration of paramedics has also been agreed:

The Australian Health Ministers' Advisory Council has also agreed on an implementation plan that is expected to be presented to health ministers for consideration in April 2016. The implementation plan anticipates that policy parameters will be settled by mid-2016, legislation prepared and passed by mid-2017, and that national registration of paramedics will commence in the second half of 2018.¹⁵

1.19 However, it appears that the health department in one jurisdiction is not supportive of national registration for paramedics. In its submission to the inquiry, NSW Health explained that in its view:

National registration has both costs and benefits. Each of these must be closely examined in relation to whether it is necessary and appropriate to register paramedics. Given that the regulatory framework for paramedics differs from jurisdiction to jurisdiction, the costs and benefits of registration will also differ. NSW has a strong regulatory framework for paramedics that already delivers many of the benefits of a national registration system...In this context, there is an ongoing question of whether the costs of registration in NSW will outweigh the minimal additional benefits that would be achieved.¹⁶

13 PA, *Paramedic Registration: Frequently Asked Questions*, 4 December 2016.

14 Victorian Department of Health and Human Services, *Submission 15*, p. 1.

15 Victorian Department of Health and Human Services, *Submission 15*, p. 1.

16 NSW Health, *Submission 13*, pp 2–3.

Chapter 2

Paramedics in context

2.1 This chapter describes paramedics in the context of related professions and compares regulatory frameworks and duties.

Contribution

2.2 The role of paramedics and their contribution to the healthcare system continues to evolve and expand. The level of education required of paramedics has similarly increased over time as their role has expanded.

2.3 The skill level and complexity of the work undertaken by paramedics has developed from a historical role as 'drivers' to highly skilled health professionals:

Historically paramedics (health treatment) services were inextricably linked to ambulance services (transport services). The training of staff was undertaken by state ambulance organisations as vocational training. On-road staff effectively only had to attend the scene of the patient, load them into the ambulance and go with them...('load and go') to definitive care.¹

2.4 The procedures undertaken by paramedics are often complex and can involve high risk interventions, including:

- putting a hand, instrument, finger into body cavity;
- conducting procedures below the skin;
- the administration of a scheduled drug by injection;
- the supply of substances for ingestion;
- managing labour or delivery of baby;
- undertaking psychological intervention to treat serious disorders with potential for harm;
- acting as primary care providers without referral from registered practitioner;
- providing treatment commonly without other person present; and
- providing care where the patient is commonly required to disrobe.²

2.5 Paramedics frequently work alone or in small teams, and interventions are regularly carried out in remote locations, without the resources of a hospital emergency department:

...unlike other health practitioners they do not have a team of allied professionals that they can easily call on at the scene of an emergency. Paramedics also work in a number of hazardous environments whether in a

1 Ms Ruth Townsend, *Submission 12*, p. 13.

2 Australian Health Ministers' Advisory Council Health Workforce Principal Committee, *Consultation Paper: Options for Regulation of Paramedics*, July 2012.

person's home or at the scene of an accident. Paramedics have to identify the nature of the patient's complaint, illness or injury and then apply treatment without extensive diagnostic assistance.³

2.6 Paramedics are also trusted with sensitive health care information, including patients' medical history and current medications. When necessary, they also undertake advanced paramedic care, which can include 'triage and treatment where paramedics by-pass emergency departments to access acute care facilities, such as trauma, cardiac care, stroke services'.⁴

2.7 Due to the life-or-death situations with which paramedics are often confronted, they may be required to perform advanced procedures, such as 'surgical thoracostomies' (involving an incision in the side of a patient's chest), that would otherwise only be performed by doctors in a hospital setting.⁵

2.8 It should also be acknowledged that some paramedics are employed in positions which require a more diverse set of skills. These include health assessments, testing, and work health and safety roles.⁶ There are an 'increasing number of Australian paramedics that participate in short term deployments to civil, humanitarian and government agency projects in overseas locations'.⁷

2.9 The size of the paramedic profession provides an indication of the significant contribution paramedics make to Australian society. In 2016, the National Council of Ambulance Unions estimated that 'there are currently in excess of 15,000 paramedics operating across Australia'.⁸ In 2013/14 and 2014/15, New South Wales (NSW) Ambulance and the Queensland Ambulance Service each responded to approximately one million ambulance emergency calls.⁹

2.10 The Australian Medical Association (AMA) stated that paramedics are regarded as making a vital contribution to the Australian healthcare system:

in terms of acute care or emergent care, they are a vital part of the system because they provide the skills and expertise to stabilise people before they get to hospital, prioritise care for people so that they get to the right place at the right time and initiate treatment for patients who are out in the community and acutely unwell.¹⁰

3 Australian Health Ministers' Advisory Council Health Workforce Principal Committee, *Consultation Paper: Options for Regulation of Paramedics*, July 2012.

4 Australian and New Zealand College of Paramedicine (ANZCP), *Submission 1*, p. 6.

5 Mr Martin Nichols, Chair, Board of Directors, ANZCP, *Committee Hansard*, 20 April 2016, p. 39.

6 ANZCP, *Submission 1*, p. 6.

7 NCAU, *Submission 5*, p. 8.

8 National Council of Ambulance Unions (NCAU), *Submission 5*, p. 8.

9 ANZCP, *Submission 1*, p. 5.

10 Associate Professor David Mountain, Emergency Physician Representative, Australian Medical Association (AMA), *Committee Hansard*, 20 April 2016, p. 11.

Duties

2.11 The scope of work undertaken by a health practitioner is usually determined by factors such as relevant regulatory frameworks, the professional standards and policies of individual employers, their education and training, and current health treatment needs. The duties performed in a particular profession evolve due to factors such as changes in relevant professional standards, regulatory policies, and the development of new technology.

2.12 Submitters to the inquiry explained the role of doctors and nurses in the healthcare system:

Doctors have the broadest scope of practice and are authorised to prescribe medications, refer patients, undertake the widest array of medical interventions (depending on their specialisation) and are recognised by the health care system and private health care insurers for access to funding arrangements such as Medicare and the Pharmaceutical Benefits Scheme.¹¹

2.13 Nurses work in similar settings as doctors, but have comparatively less autonomy and responsibility in the tasks that they undertake and 'work at a somewhat lower level of intervention than doctors. Their autonomy is restricted and they generally act in accordance with instructions or under advice from medical practitioners'.¹²

2.14 The Australian & New Zealand College of Paramedicine (ANZCP) noted that both doctors and nurses work in 'structured, highly regulated environments where clinical governance, oversight, consultation and supervision systems exists for patient safety...Registered Nurses generally only administer medications ordered by a Doctor for that patient, unless they are working in remote emergency departments and have authority to do so'.¹³

2.15 The duties undertaken by paramedics are similar to many of those performed by doctors and nurses in hospital emergency departments and are often high risk and include 'significantly complex clinical interventions as independent decision makers'.¹⁴ An important difference is that the work of paramedics is usually undertaken in an unstructured environment, where they are often the first, and sometimes the only health professional, to have contact with patients.

2.16 For example, paramedics may be required to treat 'patients at a single or multiple-vehicle road accident on a country road at night surrounded by several inebriated or substance-affected patients of different ages and nationalities and uncertain medical histories'.¹⁵ This demonstrates the range of factors that can contribute to a complex and highly stressful work environment for paramedics where

11 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 22.

12 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 22.

13 ANZCP, *Submission 1*, p. 11.

14 PA, *Submission 9*, p. 4.

15 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 25.

they must make time critical decisions that can have a significant impact on patients' lives.

2.17 In terms of professional standards, the current avenues for complaints vary around the country and lack transparency:

... at the moment, if you want to complain about a paramedic, with the exception of New South Wales, the person you would complain to is the employer. Whether they make any of that information public or not would be a matter for them. You can imagine that many employers, if you were complaining about their staff, may deal with the complaint, but they would not want to ruin their own reputations. There simply is not a public register where people can go to complain about subservice standards by paramedics.¹⁶

Regulation

2.18 The Australian Health Practitioner Regulation Agency (AHPRA) is a Commonwealth government agency that regulates health professions in Australia through its administration of the National Registration and Accreditation Scheme (NRAS).¹⁷ Both doctors and registered nurses have been regulated under the National Registration and Accreditation Scheme (NRAS) since it was implemented in 2010.¹⁸

2.19 The NRAS was established by state and territory governments through the introduction of consistent legislation in all jurisdictions: the Health Practitioner Regulation National Law (the National Law). The NRAS is designed to protect the public, facilitate employment mobility, and enable the development of the health workforce.¹⁹ It currently regulates the following professions:

- Aboriginal and Torres Strait Islander health practice,
- Chinese medicine,
- Chiropractic,
- dental practice,
- medicine,
- medical radiation practice,
- nursing and midwifery,
- occupational therapy,
- optometry,

16 Associate Professor Michael Eburn, Australian National University (ANU), *Committee Hansard*, 20 April 2016, p. 3.

17 Australian Health Practitioner Regulation Agency (AHPRA), *Who we are*, <http://www.ahpra.gov.au/About-AHPRA/Who-We-Are.aspx> (accessed 25 April 2016)

18 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 22.

19 National Registration and Accreditation Scheme (NRAS) *The aims of NRAS*, <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-nras> (accessed 25 April 2016)

-
- osteopathy,
 - pharmacy,
 - physiotherapy,
 - podiatry, and
 - psychology.²⁰

2.20 Each of these professions has a national board to register practitioners and develop standards and guidelines. For doctors, the Australian Medical Council (AMC) accredits education providers and their programs; whilst for nurses, the Australian Nursing and Midwifery Accreditation Council (ANMAC) is the accreditation body. Doctors and registered nurses must have completed an approved and accredited course of study. The Medical Board of Australia and the Nursing and Midwifery Board of Australia provide registration standards for these professions. These standards include criminal history checks, English language skills, recency of practice requirements, ongoing professional development, and professional indemnity insurance registration.

2.21 Witnesses, such as the Royal Flying Doctor Service of Australia (RFDS), provided evidence to the committee that paramedicine should be added to the list of professions regulated by NRAS:

it is time that paramedicine was properly respected in Australia as a profession on par with that of medicine and that of nursing...As an employer, we want to know that across the nation there is a standard of care that we can expect, demonstrated through prequalification and through continuous professional development, but, most importantly, we also want to know that there is a system of monitoring a nationally consistent standard'.²¹

2.22 The reasons that were provided to the committee supporting the introduction of a national registration to regulate paramedics in Australia are explored in greater detail in the next chapter.

20 NRAS, *Professions currently regulated*, <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-nras> (accessed 25 April 2016)

21 Mr Martin Laverty, Chief Executive Officer, Royal Flying Doctor Service of Australia (RFDS), *Committee Hansard*, 20 April 2016, p. 33.

Chapter 3

National registration and accreditation

3.1 The vast majority of submitters and witnesses were strongly in favour of national registration of paramedics. For example, the Australian Paramedics Association (APA) Queensland emphasised the positive outcomes it believed would be gained through paramedic registration:

We sincerely believe that registration will make our profession stronger and ultimately we shall save more lives through being better equipped to handle emergencies. Registration will protect our industry and provide safer options for ambulance service providers and the public at large.¹

3.2 Other health professions, such as doctors, were also supportive. According to the Australian Medical Association (AMA), the peak body representing doctors, 'there is a good case on the grounds of patient safety'.² According to the Victorian Department of Health and Human Services there are a number of reasons why national registration is necessary. These include:

- the need to address avoidable risks of harm to the public;
- changing models of paramedic care and expanding scope of practice, which may result in some higher risks to the public;
- the potential for statutory registration to underpin more efficient quality assurance mechanisms and drive health system reform;
- evidence from international jurisdictions, particularly the United Kingdom where a registration regime for paramedics has been in place for some years;
- the expansion in first aid services provided by the private sector;
- community expectations that paramedics should be subject to the same rigorous regulatory standards as similar professions; and
- the continued need to address risks to paramedics (such as high suicide and WorkCover claim rates and reportedly higher rates of bullying compared with other health professions).³

3.3 There are several pertinent factors relevant to national registration and accreditation raised in the course of the inquiry and discussed in this chapter. These include public safety, workforce mobility, title protection, insurance, malpractice, state participation, and the accreditation process.

1 Australian Paramedics Association (APA) Queensland, *Submission 8*, p. 4.

2 Australian Medical Association (AMA), *Submission 2*, p. 2.

3 Victorian Department of Health and Human Services, *Submission 15*, p. 7.

Public safety

3.4 A key point raised by witnesses at the public hearing was that members of the public who require a paramedic in an emergency situation do not have a choice in who provides that service. With this in mind, there is an expectation in the community that 'when someone turns up and says they are a paramedic, [they] can be reasonably assured that the person has undertaken the requisite training and has the capabilities to deliver the services that you would expect from a paramedic'.⁴

3.5 Paramedics Australia (PA) stated that the 'critical function of the national register is to ensure increased safety for the Australian public'.⁵ In PA's view, national registration would offer greater safety in three key ways:

- only people who meet approved and nationally consistent educational and practitioner standards would be able to call themselves a paramedic;
- paramedics with fitness-to-practice issues would not be able to move freely across jurisdictions/employing bodies without disclosure; and
- checks on qualifications, clinical currency, probity and criminal history would be a condition of practice.⁶

3.6 In addition to these more practical benefits, it was noted in the submissions that registration of paramedics would recognise their status as 'equal to those of other registered health practitioners', such as doctors, nurses and podiatrists; as opposed to other non-registered health practitioners, such as homeopaths. It was emphasised that paramedics share more in common with doctors and nurses than they do with other non-registered health practitioners.⁷ According to PA:

The national registration of paramedics within the regulated structure of other health professions would create a professional safety net for both paramedics and the public. Under a national registration scheme, paramedics would be required to maintain professional registration through mandated continuing professional development and adhering to a National professional code of conduct.⁸

3.7 The Council of Ambulance Authorities (CAA) was of the view that national registration would serve to 'positively improve public safety, and increase community confidence in the paramedic profession and the broader provision of emergency health care in Australia'.⁹

4 Associate Professor Stephen Gough, Chair, National Ambulance Education Committee, Council of Ambulance Authorities (CAA), *Committee Hansard*, 20 April 2016, p. 24.

5 Paramedics Australia (PA), *Submission 9*, p. 5.

6 PA, *Submission 9*, p. 5.

7 Ms Ruth Townsend, *Submission 12*, p. 20.

8 PA, *Submission 9*, p. 3.

9 CAA, *Submission 7*, p. 6.

Workforce mobility

3.8 Workforce mobility was a key point raised in support of national registration for paramedics. The AMA stated on the basis of its experience in the medical profession: 'One of the advantages of having a national registration scheme is transferability. If you are registered in one state, you can then go and work in another state, with a relatively minimal change of paperwork'.¹⁰

3.9 As stated in chapter 1, there is currently no national registration of paramedics. National registration would allow paramedics to move unrestricted within Australia for employment opportunities, and this would help to develop a 'more flexible, responsive, and sustainable paramedic workforce nationally'.¹¹ There would also be corresponding benefits for employers, who would save money that may have otherwise been spent on assessing the qualifications and suitability of applicants for positions as paramedics.¹²

3.10 There would be further practical benefits of implementing a national registration system for paramedics. Registration would unlock:

the benefits of a national approach to regulation that minimises the wasteful duplication of functions that would be present under other forms of regulation or independent and piecemeal jurisdictional regulation. From practical, economic and human resource viewpoints a single, uniform and independent accreditation process is required for paramedic education.¹³

3.11 The enhanced workforce mobility that would be provided by national registration would be of benefit to employers, paramedics themselves, and to the general public. Under such a system, the employer could look up an applicant's:

registration and see if there are any conditions or extra endorsements on your registration. It is all there and it is all very public, rather than having to ask: 'What certificate have you got? Where did you get that? What have you done with your previous employer?'¹⁴

Rural Australia

3.12 The committee heard that the role of Australian paramedics in rural areas is growing due to the limited availability of healthcare services: 'There is an extending care paramedic structure that is coming in that will be very important for regional and remote communities in being a first point of contact'.¹⁵

10 Associate Professor David Mountain, Emergency Physician Representative, AMA, *Committee Hansard*, 20 April 2016, p. 13.

11 PA, *Submission 9*, p. 5.

12 Victorian Department of Health and Human Services, *Submission 15*, p. 8.

13 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 32.

14 Associate Professor Michael Eburn, Australian National University (ANU), *Committee Hansard*, 20 April 2016, p. 7.

15 Mr John Bruning, General Manager, ANZCP, *Committee Hansard*, 20 April 2016, p. 39.

3.13 The Royal Flying Doctor Service (RFDS), which provides aeromedicine services in rural Australia and employs doctors, nurses and paramedics to undertake patient retrievals, explained:

When a tasking of an incident occurs, a clinical decision is made as to whether it warrants a doctor, a doctor and a flight nurse, a paramedic. In response to the clinical circumstance, the right health professional is dispatched.¹⁶

3.14 The RFDS employs paramedics and 'value[s] the professional skill that paramedics acquire', utilising their skills 'in varying roles within our organisation'.¹⁷ The RFDS currently employs paramedics in a new service providing 'ambulance-like transport on the ground',¹⁸ and foresees further employment opportunities for suitably qualified paramedics as its range of services continues to grow:

Non-emergency patient transport is one of our areas of expansion in Victoria in particular, where there is not the same call for aircraft to transport patients across what is mostly a regional state. We are now providing non-emergency patient transport on ground, and that is involving the employment of paramedics in growing numbers. But we do think that, if we had a national system of professional oversight, there would be new opportunity for us as the Royal Flying Doctor Service to engage paramedics in the evolving work that we do.¹⁹

3.15 There are particular issues recruiting paramedics to work in rural and regional Australia, and this is particularly acute due to the higher competency required to work in isolated locations. The RFDS believed that national registration would make recruitment decisions easier: 'we would have great confidence in the pool of national paramedics because they are overseen by this national system of safeguards'.²⁰ The RFDS emphasised the importance of national registration from the perspective of employers:

the RFDS regularly faces challenges in seeking to employ paramedics, as it can be difficult to ascertain their experience, currency and scope of practice owing to the variable requirements in different States and Territories. The RFDS therefore strongly supports national registration for paramedics and is of the view that national registration, including the recognised minimum standards of practice that will necessarily be implemented, will only serve to advance the profession and benefit the health sector in Australia more broadly.²¹

16 Mr Martin Laverty, Chief Executive Officer, Royal Flying Doctor Service of Australia (RFDS), *Committee Hansard*, 20 April 2016, p. 34.

17 Mr Laverty, RFDS, *Committee Hansard*, 20 April 2016, p. 33.

18 Mr Laverty, RFDS, *Committee Hansard*, 20 April 2016, p. 33.

19 Mr Laverty, RFDS, *Committee Hansard*, 20 April 2016, p. 33.

20 Mr Laverty, RFDS, *Committee Hansard*, 20 April 2016, p. 35.

21 RFDS, *Submission 11*, p. 1.

3.16 The importance of 'preventing avoidable accidents and injuries from occurring' in rural Australia was also discussed in the context of the expiry of the national 10-year accident and injury prevention strategy in 2014, and further investment by the Commonwealth encouraged.²²

Professional standards

The title 'paramedic'

3.17 It was discussed in plain terms at the hearing that in most Australian jurisdictions 'there are simply no laws that say who or what is a paramedic or who can call themselves a paramedic'.²³ This can cause confusion in relation to paramedics' services, skill levels, and capacity to treat certain conditions. It was argued that it can confuse the general public when the term 'paramedic' can include 'people who are volunteers who do not really have paramedic skills, and have not been trained to the same level as paramedics'.²⁴ For example, 'if you go to a first aid post at a public event and there is someone there with a badge that says "paramedic", you have no idea who they are or what their qualifications are'.²⁵

3.18 The committee was told that paramedics are concerned about a lack of professional recognition for the important skills and university qualifications that many hold, especially in the context of the complex and important work they undertake:

We receive feedback from our members...working, especially the private sphere, with someone who has completed a diploma through a private organisation that has required very little placement work, very little on-the-job training. They have someone with them with years of experience with a degree. They are both sitting next to each other. One has substantial skills and is able to perform the multitude of roles required of a paramedic and the other one is actually unqualified and inexperienced in that environment and they are called the same thing. That is a perfect example of comparing someone who might have a three-week course or a three-month course and minimal training and experience outside of that with someone who has 10 years of experience and they are called the same. They are not the same.²⁶

3.19 Witnesses at the public hearing stated that registration of paramedics would address this issue, by applying 'a legislative restraint on the holding out of a person to be a paramedic'.²⁷ It was emphasised that this is a significant benefit that would be realised as a result of national registration for paramedics in Australia and would address current public safety issues that arise in the absence of any protection of title.

22 Mr Laverty, RFDS, *Committee Hansard*, 20 April 2016, p. 34.

23 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 3.

24 Associate Professor Mountain, AMA, *Committee Hansard*, 20 April 2016, p. 11.

25 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 6.

26 Mr John Bruning, General Manager, ANZCP, *Committee Hansard*, 20 April 2016, p. 40.

27 Adjunct Associate Professor Raymond Bange, Central Queensland University (CQU), *Committee Hansard*, 20 April 2016, p. 5.

The committee heard evidence that it is a 'situation of high risk' for the public if anyone 'can buy and wear uniforms which hold you out or make you appear to be a paramedic without any control'.²⁸ Protecting the title 'paramedic' is a key aspect of national registration that is described as likely to have significant benefits for both paramedics and the community.

Education

3.20 Most major ambulance employers in Australia have moved to only employing new paramedics with a university degree. The committee heard that this has been driven by changes in paramedic practice over the past 10 years:

If I reflect back 20 or 25 years, there was very little invasive therapy and very few invasive techniques provided by ambulance officers then. Paramedicine today is quite different. It involves a lot of critical thinking and critical reasoning. A lot of judgement is required in very short time frames and there is a high level of invasive procedures and techniques required to deliver competent paramedic practice in the current environment.²⁹

3.21 The large number of students currently studying towards a relevant degree qualification demonstrates the shift in education for paramedics:

There is no doubt that with some 7000 or more students undertaking university courses in paramedicine across many campuses in Australia, a robust process of accreditation is needed to ensure consistent and acceptable course standards that will provide a level of confidence that graduates are competent to practice safely and effectively as beginning level professionals.³⁰

3.22 This investment in 'educational facilities, human resources, course development and the expenditure of hundreds of millions of dollars by students' was submitted as a further reason that these courses should be accredited as part of a national registration system for paramedics.³¹

3.23 Australia was the first country to offer a degree in the field of paramedicine, and the education system in Australia is among the best in the world.³² Australian graduates in paramedicine are sought worldwide, and a significant number have been recruited to work in ambulance services in the United Kingdom in recent years:

I have to say that the London Ambulance Service is looking at taking about 300 paramedics a year out of Australia to meet its current shortfall. The way that they have been recruiting them and the way they have been

28 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 5.

29 Associate Professor Stephen Gough, Chair, National Ambulance Education Committee, Council of Ambulance Authorities (CAA), *Committee Hansard*, 20 April 2016, p. 25.

30 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 30.

31 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 30.

32 Mr Joe Acker, Vice-President, Paramedics Australasia (PA), *Committee Hansard*, 20 April 2016, p. 19.

targeting Australian and New Zealand graduate paramedics, again, highlights the quality of those graduates.³³

3.24 Approximately 40 percent of paramedics hold a bachelor's degree or higher, and there are over 6000 students currently enrolled in relevant university courses in Australia. Paramedics may also undertake ongoing training and professional development to maintain their skills and enhance their competence. However, 'there is currently no [minimum] qualification for the role of paramedic, nor is there a nationally consistent restriction on the use of the term paramedic'.³⁴

3.25 In relation to existing paramedics, the range of qualifications they currently hold, and how those who do not presently hold tertiary qualifications would be affected, was discussed during the course of the inquiry. It was suggested that this could be addressed through 'grandparenting':

The transition period and procedures for grandparenting ensure that current practitioners are not disadvantaged by the introduction of registration which may bring new or changed qualifications...It allows individuals who have been practising at a relevant level during the preceding period (commonly 5 years) to apply for and be granted registration. It facilitates change in an emerging profession and would be appropriate to apply in the registration of paramedics.³⁵

Ongoing professional development

3.26 Regulated health professions in Australia are required to continue their education to ensure that they remain up-to-date with respect to new developments in their field. Currently in Australia, there is 'no requirement for paramedics to do any continuing professional development or education, except for what their employer requires them to do'.³⁶

3.27 The Queensland Ambulance Service has been establishing a 'yearly or biannual certificate of practice...with CQI points—which are clinical quality improvement points' to provide ongoing professional development training for [its] staff.³⁷ It was proposed that this type of system should be incorporated into registration requirements for paramedics, and that a small number of professional development training days each year could be provided by employers for this purpose, as is currently the case in the nursing profession.³⁸

3.28 The importance of a board overseeing paramedicine was emphasised by witnesses as it provides a process for clinical experts to agree on the professional

33 Associate Professor Gough, CAA, *Committee Hansard*, 20 April 2016, p. 23.

34 ANZCP, *Submission 1*, p. 6.

35 Professors Bange, Brightwell and Maguire, *Submission 10*, p. 39.

36 Mr Joe Acker, Vice-President, PA, *Committee Hansard*, 20 April 2016, p. 18.

37 Mr Darren Reus, President, APA Queensland, *Committee Hansard*, 20 April 2016, p. 18.

38 Mr Reus, APA Queensland, *Committee Hansard*, 20 April 2016, p. 18.

standards that should be established, how these should be developed, and the scope to approve and expand professional development:

They provide a very important oversight of the development of the profession as clinical and research changes come along. I would like to see a similar board overseeing the paramedic profession that regularly attests as to what are the requirements for entry—what is the basic requirement of university qualification first—and to keep that monitoring of changes in clinical practice to ensure that the standards reflect the time.³⁹

Accountability

3.29 National registration and accreditation of the paramedic profession would increase accountability and ensure appropriate standards are upheld. Evidence provided to the committee highlighted that paramedics:

...largely work independently. My partner and I work by ourselves in the community, so what is happening is only witnessed by the two of us. There is a lack of accountability and there is a...lack of transparency. We need to raise the bar higher so we are all working to the same standards.⁴⁰

3.30 There are also issues with the process for managing complaints about unprofessional behaviour and incompetence, and there is no public register of complaints. Currently, a complaint about a paramedic must be lodged with their employer. The employer may deal with it themselves, 'but they would not want to ruin their own reputation'.⁴¹ A paramedic who was causing harm and should not be employed could simply find a job in another state. This is an unsatisfactory situation for employers:

As an employer, we want to know that across the nation there is a standard of care that we can expect, demonstrated through prequalification and through continuous professional development, but, most importantly, we also want to know that there is a system of monitoring a nationally consistent standard of ethics—not only monitoring but providing that safeguard for both employers and patients alike so that, when those circumstances unfortunately arise where a call on the code of ethics is necessary, we actually have in place a robust national understanding of monitoring and enforcing that standard of ethics where it is appropriate.⁴²

3.31 A national register would ensure that both employers and 'the public can access any paramedic's status: whether I have been suspended, whether there is discipline against me or whether I am current. It is completely transparent'.⁴³ There is a firmly held and seemingly well founded belief within the profession that registration would increase accountability:

39 Mr Laverty, RFDS, *Committee Hansard*, 20 April 2016, p. 36.

40 Mr Joe Acker, Vice-President, PA, *Committee Hansard*, 20 April 2016, p. 21.

41 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 3.

42 Mr Laverty, RFDS, *Committee Hansard*, 20 April 2016, p. 33.

43 Mr Acker, PA, *Committee Hansard*, 20 April 2016, pp 18–19.

national registration of paramedics will provide strengthened, consistent and increased accountability and transparency for those practicing in the profession and will ensure that the public can continue to have high levels of confidence in the qualifications, skill and level of care provided by highly trained paramedic professionals.⁴⁴

Insurance

3.32 As paramedics predominantly operate as employees, according to the legal doctrine of vicarious liability, their employer is liable for any negligent conduct that occurs in the course of their duties. Generally, it is:

a requirement for registered health professionals that they hold personal professional indemnity insurance, but the rules of vicarious liability still apply. So even if I am a registered medical practitioner, if my practice is entirely as an employee for New South Wales Health or any health department or public hospital it will be my employer that will be liable for my negligent conduct.⁴⁵

3.33 In the case of businesses in the private sector providing ambulance services:

They would wear the liability for their employees and, hopefully, they would have insurance, but there would be no requirement on them to do so. It would just be mindlessly foolish of them to be out there without it...⁴⁶

3.34 A paramedic board could take a similar approach to the Nursing and Midwifery Board, which states that insurance by their employer can be sufficient: 'Just as nurses that are employed in public hospitals are covered by the state, the same approach for paramedics could also apply.'⁴⁷ There does not appear to be any need for current insurance requirements to change under a system of national registration: 'we do all fall under the vicarious liability of our employer. I do not foresee that changing'.⁴⁸

3.35 This position was supported by Associate Professor Michael Eburn, a legal expert on paramedics and the law in Australia. He also considered there would be no need for individual paramedics to obtain insurance following the introduction of national registration:

The current position is that paramedics do not carry private indemnity insurance. I think they would never be able to find it, even if they wanted it. No-one is offering it. Private ambulance companies should certainly be ensuring that they have insurance to cover their staff, but there is no legal requirement on them to do so...There is some fear that if we had national registration, then paramedics would have to go and get personal indemnity

44 Associate Professor Gough, CAA, *Committee Hansard*, 20 April 2016, p. 22.

45 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 4.

46 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 4.

47 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 4.

48 Mr Martin Nichols, Chair, Board of Directors, Australian & New Zealand College of Paramedicine, *Committee Hansard*, 20 April 2016, p. 41.

insurance. I do not think that is necessary. It would be up to the paramedic board.⁴⁹

Governance

3.36 Submitters considered that the Australian Health Practitioners Regulation Agency (AHPRA) is the appropriate agency to administer paramedic registration, and that the process should be integrated with the existing approach taken to the other health professions. The AHPRA already maintains the register for 14 other health professions, and has experience supporting professional boards and disciplinary processes.⁵⁰ The AMA noted that:

Paramedics' registration under NRAS will result in the development of national accreditation standards for the education and training of paramedics, the national accreditation of programs of study, and national standards for the practice of paramedics.⁵¹

3.37 Submitters believed such a scheme would ensure minimum standards across the country, leading to improved patient outcomes:

The availability of legally enforceable instruments which impose mandatory practice requirements onto the profession are considered essential clinical quality and patient safety elements to ensure community confidence in paramedics as health care professional practitioners. A nationally standardised model of professional registration such as the NRAS, fundamentally provides an efficient and effective means of assuring the quality of service delivery, which cannot be delivered as successfully through other less unified systems of regulation.⁵²

3.38 The Victorian government stated that further benefits of this approach include that it would 'underpin the development of more flexible models of out-of-hospital primary care, and enable better quality control of the emerging private sector, thereby reducing pressure on the public hospital system'.⁵³

3.39 As discussed elsewhere in this report, there are inconsistent standards throughout Australia in relation to paramedics, including the use of the title 'paramedic' itself:

...as demand has grown for better health care (especially in more remote settings) the absence of a strong national regulatory framework raises the prospect of some operators being employed with significantly less experience, lower qualifications and uncertain competence. Comprehensive

49 Associate Professor Eburn, ANU, *Committee Hansard*, 20 April 2016, p. 4.

50 Associate Professor Michael Eburn, *Submission 6*, p. 6.

51 AMA, *Submission 2*, p. 2.

52 PA, *Submission 9*, p. 4.

53 Victorian Department of Health and Human Services, *Submission 15*, p. 7.

and consistent regulation is required to protect the public by ensuring appropriate standards of education, training and continuing competency.⁵⁴

3.40 PA advised the committee that the AHPRA has the necessary infrastructure to administer a national registration system, and integration with other health professions would reduce duplication across the healthcare system.⁵⁵

Participation in a national registration scheme

3.41 It was made clear during the course of the inquiry that an 'opt-out' system would 'undermine the integrity and purpose of national registration'.⁵⁶ As the NCAU stated, a national registration system would enable the:

public to have confidence that that safety is being preserved. With an opt out system, unfortunately you cannot guarantee that and, by having one jurisdiction not involved in a so-called national scheme, there is a glaring gap that people can take advantage of.⁵⁷

3.42 As raised earlier, New South Wales (NSW) considers the current regulatory approach to be effective:

In determining whether or not registration should proceed, it is necessary to consider both the benefits and the costs, and whether the benefits outweigh the costs. In NSW, where there is already a high level of regulation of paramedics, many of the benefits of national registration have already been achieved through other regulatory mechanisms...The question of the benefits versus the costs of national registration is a matter under continuing consideration by NSW.⁵⁸

3.43 Witnesses stated that if NSW does not participate in national registration, this may undermine the process that other states and territories are working towards:

A regulatory scheme should provide as much consistency across jurisdictions as possible...However under the federal system of government the different jurisdictions have the power to make different laws. This has often proved an impediment to change and carries economic costs unless there is uniformity...If NSW continues to remain apart and does not participate in the NRAS model, the regulations addressing issues such as minimum required qualifications, competency standards and exemptions will not be consistent and will create additional regulatory compliance and administrative costs by practitioners and service providers.⁵⁹

54 ANZCP, *Submission 1*, p. 6.

55 PA, *Submission 9*, p. 4.

56 Ambulance Employees Australia (AEA) Victoria, *Submission 4*, p. 4.

57 Mr Jim Arneman, Policy Officer, National Council of Ambulance Unions (NCAU), *Committee Hansard*, 20 April 2016, p. 28.

58 NSW Health, *Submission 13*, p. 9.

59 Professors Bange, Brightwell and Maguire, *Submission 10*, pp 40–41.

3.44 The AHPRA submitted that it is important for all states to participate in national registration through the NRAS:

If in the future, a jurisdiction decides that regulation of paramedics under NRAS will not apply in that state, then the register of paramedics will not be a fully national register. Careful consideration will be needed to assess the full implications that an opt-out model will have on the effectiveness of the national register including clearly communicating how and why there is a potential difference in the national register for paramedics, and whether mutual recognition arrangements may be put in place to assure the public and employers that if action is taken to restrict, suspend, or cancel a paramedic's registration due to disciplinary action, this is communicated effectively in a non-participating jurisdiction to protect the public.⁶⁰

3.45 As was discussed in chapter 1, there is already progress towards establishing a national registration system for paramedics in Australia. It is currently being progressed through the COAG Health Council. The Victorian Department of Human Services is leading the necessary policy changes, and Queensland Health is leading the legislative development and establishment of a paramedic board. It is likely that national registration 'will come into effect around September 2018'.⁶¹

3.46 The common view shared by those that gave evidence to the inquiry was well articulated by the RFDS: 'We think there is only benefit from the proposition that your inquiry is considering. I will be honest and say that I struggle to see the detriment. The time has come: why would you not move to this system of national recognition?'⁶²

60 Australian Health Practitioner Regulation Agency (AHPRA), *Submission 3*, p. 5.

61 Associate Professor Gough, CAA, *Committee Hansard*, 20 April 2016, p. 24.

62 Mr Lavery, RFDS, *Committee Hansard*, 20 April 2016, p. 36.

Chapter 4

Committee view and recommendations

4.1 The importance of establishing a national registration system for Australian paramedics is supported throughout the profession and the Australian health care system. Paramedics fulfill a complex role that requires them to perform many tasks that are equivalent to those performed by doctors and nurses. However, unlike doctors and nurses, paramedics often provide treatment in an unregulated environment with limited support, such as at the scene of a car accident. They are regularly required to make clinical decisions under pressure that have serious consequences for patients' lives. Whilst their colleagues, including doctors, nurses, and 12 other health professions have national registration systems, paramedics do not.

4.2 The committee is persuaded by the overwhelming support for national registration it heard from submitters and witnesses, and believes there is a strong case for national registration. There are a range of benefits that would result from taking this approach, extending from appropriate recognition of the work that paramedics undertake, through to greater efficiency within the Australian healthcare system.

Registration

4.3 The committee agrees that registration would recognise the importance of the paramedic profession, particularly in comparison with the other health professions that are currently registered. Some of these professions do not appear to have the same level of complexity or involve situations of life-and-death, of the sort faced by paramedics as part of their responsibilities.

4.4 The committee heard from submitters and witnesses about the positive outcomes that would result from national registration of paramedics, such as enhanced safety for the public, who do not have a choice in who provides treatment. Paramedic registration would also ensure suitable regulation of paramedics' qualifications, professional standing and criminal history: matters which are currently inconsistent and lack transparency across Australian jurisdictions.

4.5 The committee is particularly cognisant of the workforce mobility issues that have been raised in relation to paramedics. National registration would greatly enhance transferability of the paramedic workforce around Australia. Importantly, it would enable employers to quickly assess applicant's qualifications, skills and suitability for positions, and improve standards in the paramedic profession. This issue is particularly pertinent for employers of paramedics in rural Australia, where it can be difficult to recruit qualified staff. The isolation of working in these locations often means that paramedics must take on a higher level of autonomy in decision making and utilise a broader range of clinical skills.

Professional standards

4.6 The committee recognises the concern expressed at the hearing, and in submissions, regarding the current inconsistency of professional standards in the paramedic profession. The committee is concerned that there is currently no regulation

of the title 'paramedic', nor any required qualifications or professional skills in several Australian jurisdictions. There appears to be confusion in the community about what or who is a paramedic, and what treatment they are qualified to provide.

4.7 The committee accepts the position of witnesses and submitters that the lack of codified and nationally consistent professional standards is potentially dangerous given the type of treatment paramedics are called on to provide in an emergency. The fact that incompetence or malpractice may be hard to detect in paramedicine, given that paramedics work without direct supervision, further highlights this issue. In this context, national accreditation and registration of paramedics should include, but not be limited to, matters such as the scope of paramedic skills and competencies, qualifications, continuing education, criminal history checks, insurance, and limitations on the use of the title.

4.8 A consideration in establishing professional standards for paramedics is the current diversity of qualifications in the paramedic workforce. Professional recognition is important for students and recent graduates who have invested in university degrees in paramedicine. However, it is also important to recognise members of the current workforce who do not have a degree, but do have significant clinical experience and have demonstrated their ability to operate effectively. In this context, options to ensure that current paramedics are not disadvantaged, such as 'grandparenting' should be considered.

Recommendation 1

4.9 The committee recommends that the paramedic profession be nationally registered and accredited throughout Australia, and that such a scheme give consideration to 'grandparenting' arrangements for current paramedics, while ensuring that they meet the agreed professional standards.

Governance

4.10 The committee agrees that a paramedicine board should be established and operate alongside the National Registration and Accreditation Scheme (NRAS), and administered by the Australian Health Practitioner Regulation Agency (AHPRA). The board should have responsibility for implementing national registration for paramedics in Australia. This is the approach taken for the 14 health professions that are currently registered. The committee believes it is appropriate that registration and accreditation of paramedics should be integrated with the existing approach for these health professions.

4.11 A well governed national registration and accreditation system that implements mandatory requirements for the profession will improve patient safety and clinical standards. It will also increase community confidence in paramedics as health care professionals and appropriately acknowledge the skills and contribution that paramedics make to the Australian community.

4.12 A national registration system will be more comprehensive, consistent and transparent than the current approach. It is also likely to improve efficiency in the Australian healthcare system by establishing central registration, and identifying

shared professional competencies with other health professions to identify opportunities to reduce duplication.

Recommendation 2

4.13 The committee recommends the establishment of a paramedic board, operating in conjunction with the National Registration and Accreditation Scheme (NRAS) and administered by the Australian Health Practitioner Regulation Agency (AHPRA).

4.14 The committee is convinced that in order for national registration of paramedics to be effective, it is vital that all states and territories actively participate in the system. If this does not occur, there is a high risk that the entire process will be undermined. Any state that does not participate would create a gap in the system that may weaken its integrity and provide the opportunity for unscrupulous individuals who do not meet the national profession standards to manipulate the system.

4.15 The committee acknowledges the agreement made by the COAG Health Council in November 2015 to work towards national registration for paramedics. The work already being undertaken in Victoria and Queensland to establish the necessary policy changes and establish a paramedic board is commendable. The committee understands that this work is likely to result in the implementation of a national system in mid-2018.

4.16 The committee supports the work undertaken towards establishing a national registration system for paramedics, and reiterates the importance of all states and territories participating in the system.

Recommendation 3

4.17 The committee recommends that all Australian states and territories participate in a national registration and accreditation system for paramedics.

**Senator Glenn Lazarus
Chair**

Additional Remarks from Government Members of the Committee

1.1 Government Senators, because of other Senate Committee commitments, were unable to participate in this Inquiry.

1.2 Government members question how this subject is a matter for the Legal and Constitutional Affairs Committee which, by its charter, deals with legal and constitutional issues, and matters for which the Attorney-General's Department and the Department of Immigration and Border Protection have responsibility.

1.3 Government Senators note that the report of the majority correctly identifies COAG at paragraph 1.14 as the responsible entity to pursue this matter.

**Senator the Hon Ian Macdonald
Deputy Chair**

**Senator Dean Smith
Senator for Western Australia**

Appendix 1

Public submissions

- 1 Australian and New Zealand College of Paramedicine
- 2 Australian Medical Association
- 3 Australian Health Practitioner Regulation Agency
- 4 Ambulance Employees Australia Victoria
- 5 National Council of Ambulance Unions (NCAU)
- 6 Associate Professor Michael Eburn
- 7 Council of Ambulance Authorities
- 8 Australian Paramedics Association Queensland
- 9 Paramedics Australasia
- 10 Professors Bange, Brightwell and Maguire
- 11 Royal Flying Doctor Service
- 12 Ruth Townsend
- 13 NSW Health
- 14 Confidential
- 15 Victorian Department of Health and Human Services

Appendix 2

Public hearings and witnesses

Wednesday 20 April 2016—Canberra

ACKER, Mr Joe, Vice-President, Paramedics Australasia

ARNEMAN, Mr Jim, Policy Officer, National Paramedic Registration, National Council of Ambulance Unions

BANGE, Adjunct Associate Professor Raymond, Central Queensland University

BRIGHTWELL, Associate Professor Richard, Edith Cowan University

Central Queensland University BRUNING, Mr John Bernard, General Manager, Australian & New Zealand College of Paramedicine

EBURN, Associate Professor Michael, Australian National University

GOUGH, Associate Professor Stephen, Director, Paramedic Education Programs Accreditation Scheme, and Chair, National Ambulance Education Committee, Council of Ambulance Authorities

HARTLEY, Dr Peter, President, Paramedics Australasia

HILL, Mr Danny, Assistant Secretary, Ambulance Employees Australia-Victoria

LAVERTY, Mr Martin, Chief Executive Officer, Royal Flying Doctor Service of Australia

MAGUIRE, Professor Brian, Central Queensland University

MITCHELL, Mr Stephen, Vice President, National Paramedic Registration, National Council of Ambulance Unions

MOUNTAIN, Associate Professor David, Emergency Physician Representative, Australian Medical Association

NICHOLS, Mr Martin George William, Chair, Board of Directors, Australian & New Zealand College of Paramedicine

REUS, Mr Darren, President, Australian Paramedics Association Queensland

SAMUEL, Mr Amir, Vice-President, Australian Paramedics Association of Victoria

SMITH, Ms Robyn, Executive Officer, Paramedics Australasia

